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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|   |           |                         |           |
|---|-----------|-------------------------|-----------|
| Attorney Docket No.                                   | COMP:0187 | Total Pages             | <b>48</b> |
| <i>First Named Inventor or Application Identifier</i> |           |                         |           |
| Paras A. Shah   |           |                         |           |
| Express Mail Label No.                                |           | <b>EL 652 335258 US</b> |           |

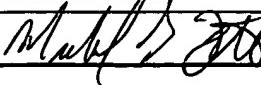
| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents.</small>  |   | <b>Assistant Commissioner for Patents</b><br><b>Box Patent Application</b><br><b>Washington, DC 20231</b>                   |                |
|---|---|---|----------------|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form<br/><i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Specification      Total Pages <b>27</b><br/><i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"> <li>-Descriptive</li> <li>-Cross References to Related Application</li> <li>-Statement Regarding Fed sponsored R &amp; D</li> <li>-Reference to Microfiche Appendix</li> <li>-Background of the Invention</li> <li>-Brief Summary of the Invention</li> <li>-Brief Description of the Drawings <i>(if filed)</i></li> <li>-Detailed Description</li> <li>-Claim(s)</li> <li>-Abstract of the Disclosure</li> </ul> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113)      Total Sheets <b>4</b><br/>Total Pages <b>12</b></p> <p>4. Oath or Declaration       <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37CFR 1.63(d))<br/><i>(for continuation/divisional with Box 17 completed)</i><br/><i>[Note Box 5 below]</i> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul> </p> <p>5. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i><br/>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference thereto.</p> | <p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br/><i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Copy</li> <li>b. <input type="checkbox"/> Paper Copy <i>(identical to computer copy)</i></li> <li>c. <input type="checkbox"/> Statement verifying identity of above copies</li> </ul> </p> |   |                |
| <b>ACCOMPANYING APPLICATION PARTS</b>   |   |   |                |
| <p>8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement      <input checked="" type="checkbox"/> Power of Attorney<br/><i>(where there is an assignee)</i></p> <p>10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>11. <input type="checkbox"/> Information Disclosure      <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449<br/>Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)</p> <p>14. <input type="checkbox"/> Small Entity      <input type="checkbox"/> Statement filed in prior application<br/>Statement(s)      Status still proper and desired</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/><i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Other</p>   |   |   |                |
| <b>17</b> <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-In-part (CIP) of prior application No: _____ / _____  |   |   |                |
| <b>18. CORRESPONDENCE ADDRESS</b>   |   |   |                |
| <input type="checkbox"/> Customer Number or Bar Code Label<br><div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></div>   |   | <input type="checkbox"/> Correspondence address below<br><small>(Insert Customer No. or Attach bar code label here)</small> |                |
| NAME  | Michael G. Fletcher<br>Fletcher, Yoder & Van Someren  |   |                |
| ADDRESS   | P.O. Box 692289   |   |                |
| CITY  | Houston   | STATE   | Texas          |
| COUNTRY   | USA   | TELEPHONE   | (281) 970-4545 |
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# FEE TRANSMITTAL

|                                |                             |                               |                          |
|--------------------------------|-----------------------------|-------------------------------|--------------------------|
|                                |                             | <b>Complete if Known</b>      |                          |
|                                |                             | <b>Application Number</b>     | unassigned               |
|                                |                             | <b>Filing Date</b>            | herewith                 |
|                                |                             | <b>First Named Inventor</b>   | Paras A. Shah            |
|                                |                             | <b>Group Art Unit</b>         | unknown                  |
|                                |                             | <b>Examiner Name</b>          | unknown                  |
| <b>TOTAL AMOUNT OF PAYMENT</b> | <b>(\$)</b> <b>1,330.00</b> | <b>Attorney Docket Number</b> | COMP:0187/FLE (P00-3008) |

| <b>METHOD OF PAYMENT</b> (check one)  |                            | <b>FEES CALCULATION (continued)</b>   |                            |  |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
|---|----------------------------|---|----------------------------|--|-----------------------|----------------------------|-----------------------------|----------------------------|-----------------|-----------------------------|----------|-----|-----|---------------------------|-----|-------------------------------------|-----|-----|-----|-----|-----|--|---------------------------|-----|-----|-----|-----|---------------------------|---------------------------|-----|-------|-----|-------|--|---|-----|-----|-----|-----|--|---|-----|-------|-----|-------|---|---|-----|-----|-----|----|---|---|-----|-----|-----|-----|--|---|-----|-----|-----|-----|---|---|-----|-------|-----|-----|--|---|-----|-----|-----|-----|------------------|---|-----|-----|-----|-----|--|---|-----|-----|-----|-----|--------------------------|---|-----|-------|-----|-------|---|---|-----|-----|-----|----|--|---|-----|-------|-----|-----|--|---|-----|-------|-----|-----|--------------------------------|---|-----|-----|-----|-----|------------------|---|-----|-----|-----|-----|-----------------|---|-----|-----|-----|-----|-------------------------------|---|-----|----|-----|----|---|---|-----|-----|-----|-----|---|---|-----|----|-----|----|--|-------|-----|-----|-----|-----|---|---|-----|-----|-----|-----|--|---|---------------------|--|---|--|---|--|---------------------|--|---|--|---|--|---------------------|--|---------------------------|--|--|--|------------------------------------|--|--|--|--|--|
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <b>06-1315/COMP:0187/FLE (P00-3008)</b></p> <p>Deposit Account Name Fletcher, Yoder &amp; Van Someren</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17      <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.31(b)</p>   |                            | <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td>—</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing or cover sheet</td><td>—</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td>—</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td>—</td></tr> <tr><td>112</td><td>920</td><td>112</td><td>920</td><td>Requesting publication of SIR prior to Examiner action</td><td>—</td></tr> <tr><td>113</td><td>1,840</td><td>113</td><td>1,840</td><td>Requesting publication of SIR after Examiner action</td><td>—</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for response within first month</td><td>—</td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for response within second month</td><td>—</td></tr> <tr><td>117</td><td>950</td><td>217</td><td>475</td><td>Extension for response within third month</td><td>—</td></tr> <tr><td>118</td><td>1,570</td><td>218</td><td>755</td><td>Extension for response within fourth month</td><td>—</td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td>—</td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td>—</td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td>—</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td>—</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive unavoidably abandoned application</td><td>—</td></tr> <tr><td>141</td><td>1,320</td><td>241</td><td>660</td><td>Petition to revive unintentionally abandoned application</td><td>—</td></tr> <tr><td>142</td><td>1,320</td><td>242</td><td>660</td><td>Utility issue fee (or reissue)</td><td>—</td></tr> <tr><td>143</td><td>450</td><td>243</td><td>225</td><td>Design issue fee</td><td>—</td></tr> <tr><td>144</td><td>670</td><td>244</td><td>335</td><td>Plant issue fee</td><td>—</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td>—</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td>—</td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of Information Disclosure Stmt</td><td>—</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40.00</td></tr> <tr><td>146</td><td>790</td><td>246</td><td>395</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td>—</td></tr> <tr><td>149</td><td>790</td><td>249</td><td>395</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td>—</td></tr> <tr><td colspan="2" style="text-align: center;">Other fee (specify)</td><td colspan="2" style="text-align: center;">—</td><td colspan="2" style="text-align: center;">—</td></tr> <tr><td colspan="2" style="text-align: center;">Other fee (specify)</td><td colspan="2" style="text-align: center;">—</td><td colspan="2" style="text-align: center;">—</td></tr> <tr> <td colspan="2" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td colspan="2" style="text-align: right;"><b>(\$)</b> <b>710.00</b></td> <td colspan="2" style="text-align: right;"><b>SUBTOTAL (3)</b> <b>(\$)</b> <b>40.00</b></td> </tr> <tr> <td colspan="6" style="text-align: center;">* Reduced by Basic Filing Fee Paid</td> </tr> </tbody> </table> |                            |  |                       | Large Entity Fee Code (\$) | Entity Fee Code (\$)        | Small Entity Fee Code (\$) | Entity Fee (\$) | Fee Description             | Fee Paid | 105 | 130 | 205                       | 65  | Surcharge - late filing fee or oath | —   | 127 | 50  | 227 | 25  | Surcharge - late provisional filing or cover sheet | —                         | 139 | 130 | 139 | 130 | Non-English specification | —                         | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | — | 112 | 920 | 112 | 920 | Requesting publication of SIR prior to Examiner action | — | 113 | 1,840 | 113 | 1,840 | Requesting publication of SIR after Examiner action | — | 115 | 110 | 215 | 55 | Extension for response within first month | — | 116 | 400 | 216 | 200 | Extension for response within second month | — | 117 | 950 | 217 | 475 | Extension for response within third month | — | 118 | 1,570 | 218 | 755 | Extension for response within fourth month | — | 119 | 310 | 219 | 155 | Notice of Appeal | — | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | — | 121 | 270 | 221 | 135 | Request for oral hearing | — | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | — | 140 | 110 | 240 | 55 | Petition to revive unavoidably abandoned application | — | 141 | 1,320 | 241 | 660 | Petition to revive unintentionally abandoned application | — | 142 | 1,320 | 242 | 660 | Utility issue fee (or reissue) | — | 143 | 450 | 243 | 225 | Design issue fee | — | 144 | 670 | 244 | 335 | Plant issue fee | — | 122 | 130 | 122 | 130 | Petitions to the Commissioner | — | 123 | 50 | 123 | 50 | Petitions related to provisional applications | — | 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt | — | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 40.00 | 146 | 790 | 246 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | — | 149 | 790 | 249 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) | — | Other fee (specify) |  | — |  | — |  | Other fee (specify) |  | — |  | — |  | <b>SUBTOTAL (1)</b> |  | <b>(\$)</b> <b>710.00</b> |  | <b>SUBTOTAL (3)</b> <b>(\$)</b> <b>40.00</b> |  | * Reduced by Basic Filing Fee Paid |  |  |  |  |  |
| Large Entity Fee Code (\$)  | Entity Fee Code (\$)       | Small Entity Fee Code (\$)  | Entity Fee (\$)            | Fee Description  | Fee Paid              |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 105   | 130                        | 205   | 65                         | Surcharge - late filing fee or oath  | —                     |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 127   | 50                         | 227   | 25                         | Surcharge - late provisional filing or cover sheet                         | —                     |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 139   | 130                        | 139   | 130                        | Non-English specification  | —                     |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 147   | 2,520                      | 147   | 2,520                      | For filing a request for reexamination                                     | —                     |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 112   | 920                        | 112   | 920                        | Requesting publication of SIR prior to Examiner action                     | —                     |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 113   | 1,840                      | 113   | 1,840                      | Requesting publication of SIR after Examiner action                        | —                     |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 115   | 110                        | 215   | 55                         | Extension for response within first month                                  | —                     |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 116   | 400                        | 216   | 200                        | Extension for response within second month                                 | —                     |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 117   | 950                        | 217   | 475                        | Extension for response within third month                                  | —                     |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 118   | 1,570                      | 218   | 755                        | Extension for response within fourth month                                 | —                     |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 119   | 310                        | 219   | 155                        | Notice of Appeal   | —                     |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 120   | 310                        | 220   | 155                        | Filing a brief in support of an appeal                                     | —                     |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 121   | 270                        | 221   | 135                        | Request for oral hearing   | —                     |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 138   | 1,510                      | 138   | 1,510                      | Petition to institute a public use proceeding                              | —                     |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 140   | 110                        | 240   | 55                         | Petition to revive unavoidably abandoned application                       | —                     |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 141   | 1,320                      | 241   | 660                        | Petition to revive unintentionally abandoned application                   | —                     |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 142   | 1,320                      | 242   | 660                        | Utility issue fee (or reissue)   | —                     |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 143   | 450                        | 243   | 225                        | Design issue fee   | —                     |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 144   | 670                        | 244   | 335                        | Plant issue fee  | —                     |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 122   | 130                        | 122   | 130                        | Petitions to the Commissioner  | —                     |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 123   | 50                         | 123   | 50                         | Petitions related to provisional applications                              | —                     |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 126   | 240                        | 126   | 240                        | Submission of Information Disclosure Stmt                                  | —                     |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 581   | 40                         | 581   | 40                         | Recording each patent assignment per property (times number of properties) | 40.00                 |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 146   | 790                        | 246   | 395                        | Filing a submission after final rejection (37 CFR 1.129(a))                | —                     |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 149   | 790                        | 249   | 395                        | For each additional invention to be examined (37 CFR 1.129(b))             | —                     |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| Other fee (specify)   |                            | —   |                            | —  |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| Other fee (specify)   |                            | —   |                            | —  |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| <b>SUBTOTAL (1)</b>   |                            | <b>(\$)</b> <b>710.00</b>   |                            | <b>SUBTOTAL (3)</b> <b>(\$)</b> <b>40.00</b>                               |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| * Reduced by Basic Filing Fee Paid  |                            |   |                            |  |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| <b>1. FILING FEE</b>  |                            |   |                            |  |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>790</td><td>201</td><td>395</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td></tr> <tr><td>107</td><td>540</td><td>207</td><td>270</td></tr> <tr><td>108</td><td>790</td><td>208</td><td>395</td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td></tr> <tr> <td colspan="2"></td> <td style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td style="text-align: right;"><b>(\$)</b> <b>710.00</b></td> </tr> </tbody> </table> |                            | Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description  | Fee Paid              | 101                        | 790                         | 201                        | 395             | 106                         | 330      | 206 | 165 | 107                       | 540 | 207                                 | 270 | 108 | 790 | 208 | 395 | 114  | 150                       | 214 | 75  |     |     | <b>SUBTOTAL (1)</b>       | <b>(\$)</b> <b>710.00</b> |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description   | Fee Paid                   |  |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 101   | 790                        | 201   | 395                        |  |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 106   | 330                        | 206   | 165                        |  |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 107   | 540                        | 207   | 270                        |  |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 108   | 790                        | 208   | 395                        |  |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 114   | 150                        | 214   | 75                         |  |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
|   |                            | <b>SUBTOTAL (1)</b>   | <b>(\$)</b> <b>710.00</b>  |  |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| <b>2. CLAIMS</b>  |                            |   |                            |  |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Extra</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total Claims 30 -20 =</td><td><u>10</u></td><td>X <u>18</u> = <u>180.00</u></td></tr> <tr><td>Independent 8 - 3 =</td><td><u>5</u></td><td>X <u>80</u> = <u>400.00</u></td></tr> <tr><td>Claims</td><td></td><td></td></tr> <tr><td>Multiple Dependent Claims</td><td>—</td><td>X — = —</td></tr> </tbody> </table>   |                            | Extra   | Fee from below             | Fee Paid   | Total Claims 30 -20 = | <u>10</u>                  | X <u>18</u> = <u>180.00</u> | Independent 8 - 3 =        | <u>5</u>        | X <u>80</u> = <u>400.00</u> | Claims   |     |     | Multiple Dependent Claims | —   | X — = —                             |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| Extra   | Fee from below             | Fee Paid  |                            |  |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| Total Claims 30 -20 =   | <u>10</u>                  | X <u>18</u> = <u>180.00</u>   |                            |  |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| Independent 8 - 3 =   | <u>5</u>                   | X <u>80</u> = <u>400.00</u>   |                            |  |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| Claims  |                            |   |                            |  |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| Multiple Dependent Claims   | —                          | X — = —   |                            |  |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| <b>Large Entity</b>   |                            | <b>Small Entity</b>   |                            |  |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>22</td><td>203</td></tr> <tr><td>102</td><td>82</td><td>202</td></tr> <tr><td>104</td><td>270</td><td>204</td></tr> <tr><td>109</td><td>82</td><td>209</td></tr> <tr><td>110</td><td>22</td><td>210</td></tr> <tr> <td colspan="2"></td> <td style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td style="text-align: right;"><b>(\$)</b> <b>580.00</b></td> </tr> </tbody> </table>  |                            | Fee Code (\$)   | Fee Code (\$)              | Fee Description  | 103                   | 22                         | 203                         | 102                        | 82              | 202                         | 104      | 270 | 204 | 109                       | 82  | 209                                 | 110 | 22  | 210 |     |     | <b>SUBTOTAL (2)</b>                                | <b>(\$)</b> <b>580.00</b> |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| Fee Code (\$)   | Fee Code (\$)              | Fee Description   |                            |  |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 103   | 22                         | 203   |                            |  |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 102   | 82                         | 202   |                            |  |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 104   | 270                        | 204   |                            |  |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 109   | 82                         | 209   |                            |  |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
| 110   | 22                         | 210   |                            |  |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |
|   |                            | <b>SUBTOTAL (2)</b>   | <b>(\$)</b> <b>580.00</b>  |  |                       |                            |                             |                            |                 |                             |          |     |     |                           |     |                                     |     |     |     |     |     |  |                           |     |     |     |     |                           |                           |     |       |     |       |  |   |     |     |     |     |  |   |     |       |     |       |   |   |     |     |     |    |   |   |     |     |     |     |  |   |     |     |     |     |   |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |  |   |     |       |     |     |  |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |   |   |     |    |     |    |  |       |     |     |     |     |   |   |     |     |     |     |  |   |                     |  |   |  |   |  |                     |  |   |  |   |  |                     |  |                           |  |  |  |                                    |  |  |  |  |  |

|                       |   |                          |                  |                       |                                  |
|-----------------------|---|--------------------------|------------------|-----------------------|----------------------------------|
| SUBMITTED BY          |   | Complete (if applicable) |                  |                       |                                  |
| Typed or Printed Name | Michael G. Fletcher   | Reg. Number              | 32,777           |                       |                                  |
| Signature             |  | Date                     | February 8, 2001 | Deposit Acct. User ID | 06-1315/COMP:0187/FLE (P00-3008) |